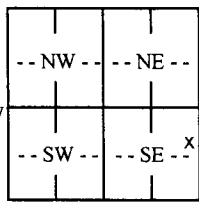
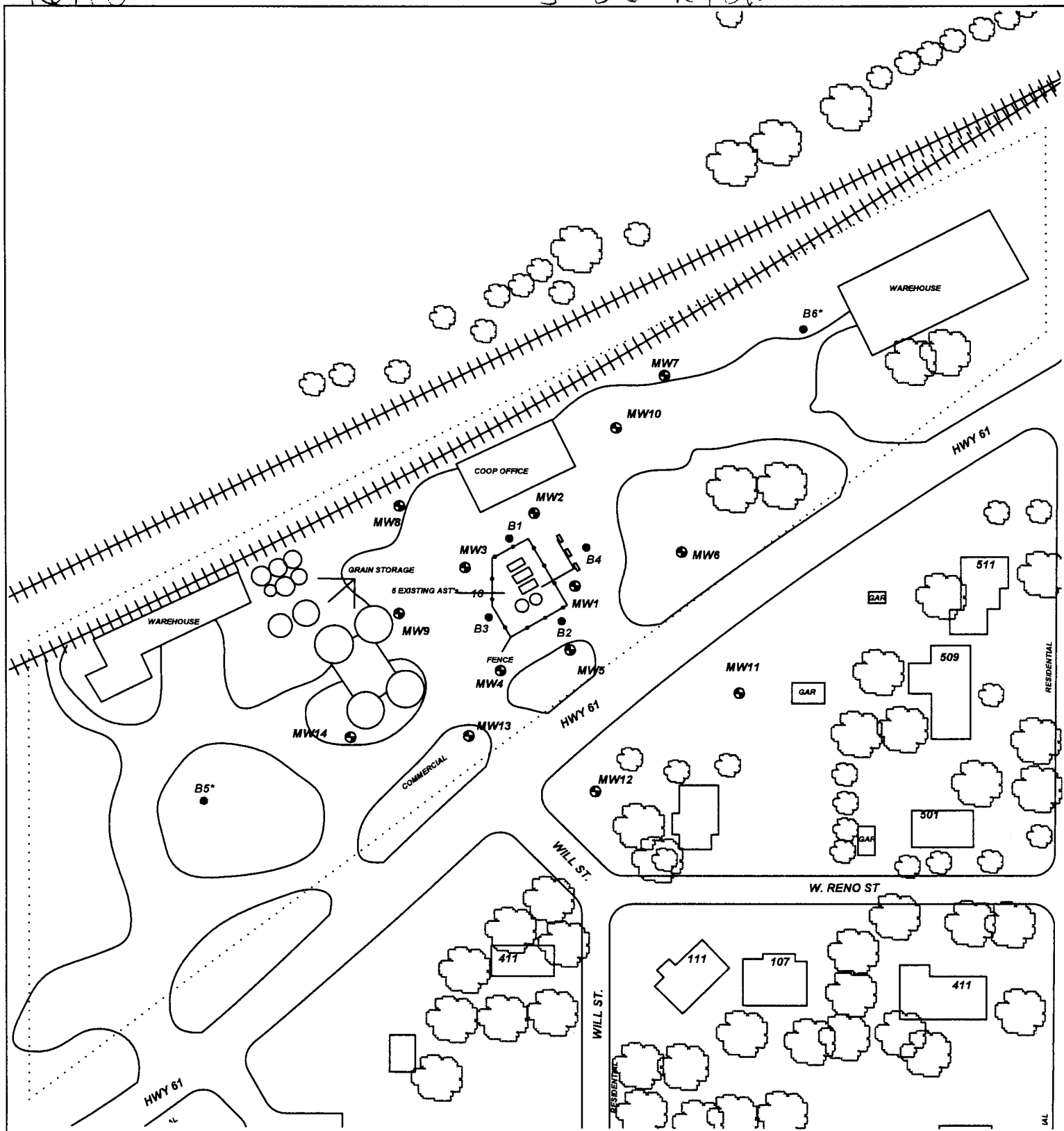




☒ Original Record    ☐ Correction    ☐ Change in Well Use

Well ID

MW12

|  |   |   |  |                            |                          |
|--|---|---|--|----------------------------|--------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: RENO   |   | Fraction<br>SW¼ SE¼ NE¼ SE¼   | Section Number<br>5  | Township Number<br>T 26S S | Range Number<br>R 10 E W |
| <b>2 WELL OWNER:</b> Last Name:<br>Business: KDHE-BER<br>Address: 1000 SW JACKSON<br>City: TOPEKA State: KS ZIP: 66612-1367  |   | First:<br><br>Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/><br><br>IN CITY EASEMENT ACROSS STREET FROM 112 W.<br>HIGHWAY 61, TURON KS |  |                            |                          |
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br>N<br>   | <b>4 DEPTH OF COMPLETED WELL:</b> ..... 35 ..... ft.<br>Depth(s) Groundwater Encountered: 1) ..... 23 ..... ft.<br>2) ..... ft. 3) ..... ft., or 4) <input checked="" type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: ..... 21.70 ..... ft.<br><input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) ..... 8/6/19 .....<br><input type="checkbox"/> above land surface, measured on (mo-day-yr) .....<br>Pump test data: Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Estimated Yield: ..... gpm<br>Bore Hole Diameter: ..... 8.5 ..... in. to ..... 35 ..... ft. and<br>..... in. to ..... ft. |   | <b>5 Latitude:</b> ..... 37.80991 ..... (decimal degrees)<br><b>Longitude:</b> ..... 98.43023 ..... (decimal degrees)<br><u>Horizontal Datum:</u> <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br><u>Source for Latitude/Longitude:</u><br><input type="checkbox"/> GPS (unit make/model: ..... )<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: ..... |                            |                          |
|  |   |   | <b>6 Elevation:</b> 1752.23 ..... ft. <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC<br><u>Source:</u> <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Other .....  |                            |                          |
| <b>7 WELL WATER TO BE USED AS:</b><br>1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock<br>2. <input type="checkbox"/> Irrigation<br>3. <input type="checkbox"/> Feedlot<br>4. <input type="checkbox"/> Industrial<br>5. <input type="checkbox"/> Public Water Supply: well ID .....<br>6. <input type="checkbox"/> Dewatering: how many wells? .....<br>7. <input type="checkbox"/> Aquifer Recharge: well ID .....<br>8. <input checked="" type="checkbox"/> Monitoring: well ID ..... MW12<br>9. Environmental Remediation: well ID .....<br><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br><input type="checkbox"/> Recovery <input type="checkbox"/> Injection<br>10. <input type="checkbox"/> Oil Field Water Supply: lease .....<br>11. Test Hole: well ID .....<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical<br>12. Geothermal: how many bores? .....<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water<br>13. <input type="checkbox"/> Other (specify): .....  |   |   |  |                            |                          |
| <b>Was a chemical/bacteriological sample submitted to KDHE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date sample was submitted: .....<br><b>Water well disinfected?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |   |  |                            |                          |
| <b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded<br>Casing diameter ..... 2 ..... in. to ..... 35 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface ..... in. Weight ..... lbs./ft. Wall thickness or gauge No. ....<br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) .....<br><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole)<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br><input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) .....<br><input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)<br><b>SCREEN-PERFORATED INTERVALS:</b> From ..... 20 ..... ft. to ..... 35 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br><b>GRAVEL PACK INTERVALS:</b> From ..... 18 ..... ft. to ..... 35 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. |   |   |  |                            |                          |
| <b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Concrete Surface Completion 0 - 1<br>Grout Intervals: From ..... 0 ..... ft. to ..... 1 ..... ft., From ..... 1 ..... ft. to ..... 18 ..... ft., From ..... ft. to ..... ft.<br><b>Nearest source of possible contamination:</b><br><input type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage<br><input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input checked="" type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well<br><input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input type="checkbox"/> Oil Well/Gas Well<br><input type="checkbox"/> Other (Specify) .....<br>Direction from well? NORTH Distance from well? 120 ..... ft.  |   |   |  |                            |                          |
| <b>10 FROM TO LITHOLOGIC LOG</b><br>0 1 TOPSOIL<br>1 12 SILTY CLAY<br>8 35 SAND  |   | <b>FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS</b><br><br><br><br><br><br><br><br><b>Notes:</b><br>A2-078-40488  |  |                            |                          |
| <b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) 8/5/19 ..... and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. 585 ..... This Water Well Record was completed on (mo-day-year) 8/23/19 .....<br>under the business name of ASSOCIATED ENVIRONMENTAL INC. Signature .....<br>Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section,<br>1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.<br>Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015   |   |   |  |                            |                          |



|  |  |   |   |
|--|--|---|---|
| <b>PROJECT:</b> TURON CARDTROL   |  | <b>TITLE:</b><br><br> <b>ASSOCIATED ENVIRONMENTAL INC.</b> | <b>LEGEND:</b><br>[Symbol] = CURRENT PUMP ISLANDS<br>[Symbol] = MONITORING WELL<br>[Symbol] = PROPOSED SOIL BORING<br>[Symbol] = SUBJECT PROPERTY |
| <b>ADDRESS:</b> 112 W HWY 61   |  |   |   |
| <b>LOCATION:</b> TURON, KS   |  |   |   |
| <b>DRAWN BY:</b> B. STALNAKER <b>DATE:</b> 10/10/18  |  |   |   |
| <b>REVISED BY:</b> B. STALNAKER <b>DATE:</b> 3/19/19   |  |   |   |
| <b>AEI JOB #:</b> TM242 <b>KDHE JOB #:</b> A2-078-40488  |  |   |   |
| <b>SCALE:</b> 1" = 100'<br> |  |   |   |